

Missouri Family, Career and Community Leaders of America Middle Level Chapter Affiliation Form for the 2004-05 School Year

1 **TO RECEIVE FULL SERVICES INCLUDING THE JAN/FEB ISSUE OF *TEEN TIMES*, AFFILIATION AND PAYMENT MUST BE RECEIVED AT THE STATE OFFICE BY NOVEMBER 1. AFFILIATIONS WILL ONLY BE PROCESSED WHEN RECEIVED WITH FORM, MEMBER LIST AND PAYMENT. SEE INSTRUCTIONS ON BACK.**

2 Chapter ID: _____ Region: _____
Name of Chapter: _____
Name of School: _____
School Address: _____
City: _____ State: _____ Zip: _____
School Phone # (Including area code) _____ School Fax # (Including area code) _____

3 Co-curricular Yes ☐ No ☐ 4 School Location: ☐ Urban ☐ Suburban ☐ Small Town ☐ Rural

5 Check your school type: ☐ Elementary ☐ Middle School ☐ Junior High/Intermediate
☐ Combine Jr/Sr High ☐ Senior High ☐ Other (Voc School, etc.)

6 # of Males _____ # of Females _____ Total members for this payment _____ Total members year to date _____

7 Race/national origin (optional). Enter number of members below:
Caucasian _____ # African-American _____ # Asian _____
of Hispanic _____ # Native America _____ # Others _____

8 Comprehensive / Occupational Membership for this payment:
Comprehensive _____ # Occupational _____

9 Mr/Mrs/Ms _____ Advisor First Name _____ M.I. _____ Advisor Last Name _____

Home Address _____
City _____ State _____ Zip _____
Phone # (Including area code) _____ 10 Best time of day to contact _____ 11 Years as advisor _____

12 My Email Address is _____

13 The additional advisors for this chapter are (list address/phone/email on a separate sheet):

DECEMBER 20 DEADLINE FOR OFFICER CANDIDATES AND STAR EVENTS ELIGIBILITY

SEND FORM, MEMBER LIST AND ONE CHECK TO INCLUDE REGIONAL, STATE, AND NATIONAL DUES TO:

Missouri Family, Career and Community Leaders of America
Missouri Department of Elementary and Secondary Education
PO Box 480
Jefferson City, MO 65102-0480

DUES 13 Regional, state and national dues must be paid for each member.
Overpayment of \$10.00 or less will not be refunded. No substitution of names.

Which dues payment of the school year? ☐ 1st ☐ 2nd ☐ 3rd or more

NATIONAL DUES	RATE	AMOUNT
Chapter National Dues	50 X \$8.00	= \$ 400.00
Advisor National Contribution		= \$ _____

STATE DUES		
Chapter State Dues	50 X \$2.00	= \$ 100.00
Advisor State Contribution		= \$ _____

REGIONAL DUES		
Chapter Regional Dues	50 X \$ _____	= \$ _____
Advisor Regional Contribution		= \$ _____

Breakdown of Regional Dues per Member

Region 01 - \$ 1.00	Region 08 - \$ 1.00
Region 02 - \$ 2.00	Region 09 - \$ 2.00
Region 03 - \$ 1.25	Region 10 - \$ 1.00
Region 04 - \$ 1.00	Region 11 - \$ 1.00
Region 05 - \$ 1.00	Region 12 - \$ 1.00
Region 06 - \$ 1.00	Region 13 - \$ 2.00
Region 07 - \$ 2.00	

Dues Payment (One check payable to MO FCCLA for National, State and Regional Dues)

Check Number: _____ Total Enclosed \$ _____

14 _____ Date _____
Chapter Advisor

Chapter President Date _____

Date Received by Missouri FCCLA: _____
Original - Missouri FCCLA Copy - Chapter Advisor

Instructions for Completing Form

Please use a blue or black ballpoint pen and press hard to complete both copies.

ABOUT THE CHAPTER

1. LISTING OF MEMBERS – Please attach 2 typed or computer-generated lists of member names in alphabetical order by last name. Also indicate each member's grade number (i.e. Senior = 12, Junior = 11), male or female, and select either comprehensive or occupational. If left blank or incorrect, student will be designated as comprehensive.
2. CHAPTER DATA – Check data for accuracy if the chapter information is preprinted in the lower right-hand corner of the form. Complete the chapter name, school name, address, city, state, zip code and zip code extension, telephone number and fax number on the appropriate lines. A chapter identification number will appear on preprinted forms. A new chapter will be assigned a number when its affiliation is received at national headquarters. Please use the chapter identification number when contacting national headquarters.
3. CO-CURRICULAR – Indicate if your chapter is co-curricular (A program that integrates FCCLA chapter activities into the family and consumer sciences classroom program of study) by marking the appropriate box.
4. POPULATION INFORMATION – Which population best describes the location of your school? Urban (Over 100,000), Suburban (75,000 to 100,000), Small Town (15,000 to 75,000), or Rural (Under 15,000).
5. SCHOOL TYPE – Check the category that best describes your school.
6. CHAPTER MEMBERSHIP – Complete the number of males, females and total members included in this payment. Also give the total number of members affiliated for the year-to-date. Do not include advisor in counts.
7. RACE/NATIONAL ORIGIN (optional) – Please complete with the number of members in this payment for each category. This demographic information will be used to determine if we are meeting the program and service needs of all members.
8. COMPREHENSIVE / OCCUPATIONAL MEMBERSHIP – Complete number of comprehensive and occupational members for this payment.

ABOUT THE ADVISOR

9. CHAPTER ADVISOR – If the advisor's name is different than the preprinted advisor name, line through the former advisor's name and complete with the new information. If using a blank form, complete all the school and advisor information.
10. CONTACT TIME – Please let us know what time of the school day is best to contact you.
11. YEARS AS ADVISOR – Complete the boxes with the total number of years you have been a chapter advisor. This information will be used to determine the years of service awards.
12. EMAIL ADDRESS – Please provide if available.
13. ADDITIONAL ADVISORS – List additional advisors' names. Please include their information on a separate sheet.

DUES CALCULATION

14. DUES – Indicate the payment for the school year. Middle Level Affiliation dues are based on 50 paid members. **THE NATIONAL DUES PAYMENT FOR MIDDLE LEVEL CHAPTERS IS \$400.00. FOR STATE DUES THE PAYMENT IS \$100.00. FOR REGIONAL DUES REFER TO FRONT PAGE FOR BREAKDOWN.** Give the number of regional, state, and national advisor contributions included in this payment. Regional, state, and national dues must be paid for each member and there are no substitutions of names. Verify the payment is correct for the number of members listed. Please mark method of payment. **Affiliations will only be processed when received with payment.** Prepare **ONE** check or money order to include regional, state, and national dues payable to **Missouri FCCLA**.
15. Have the chapter advisor and chapter president sign and date the completed form.

Retain a copy of this form for your records and mail the original with your member roster list and **ONE** check or money order to include regional, state, and national dues to the address shown in the front upper right-hand corner of this form.

Early dues payment to the State Office by November 1 helps assure that your members receive a full year of services. Members participating in Power of One or Member Quest **MUST** affiliate by February 1 (postmark date) to make certain your chapter's affiliation is forwarded to the National Office before March 1.



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Missouri Department of Elementary and Secondary Education
PO Box 480
Jefferson City, MO 65102-0480
573/751-7964



Email address: christine.hollingsworth@dese.mo.gov
MO FCCLA Website address: <http://www.dese.state.mo.us/divcareered>